Form 3160-5 (November 1994)

OCD-HOBBS

DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** FORM APPROVED

SUNDRY NOTICES AND REPORTS ON WELLS

OMB No. 1004-0135
 Expires July 31, 1996
Lease Serial No.

	SUNDAT NUTICES AND N	EPORIS ON WELL	3	NIVI-43 14			
	ot use this form for proposa loned well. Use form 3160-			6. If Indi	ian, Allottee or Tribe Name		
The second secon	19/10/7-14-09/sec.212			7. If Unit	t or CA/Agreement, Name and/or No.	_	
SUBMIT IN TRII							
1. Type of Well Oil Well X Gas Well	8. Well t	Name and No.	_				
Name of Operator			8. Well Name and No. Pipeline Deep 5 Federal No. 3				
Gruy Petroleum Management Co.					9. API Well No.		
 Address PO Box 140907; Irving, TX 75014- 	0007	3b. Phone No. (include area code)		30-025-37196			
4. Location of Well (Footage, Sec., T., R., M.,		972-401-3111		10. Field and Pool, or Exploratory Area Quail Ridge; Morrow, North			
Section 5 - T19S - R34E 1650' FNL & 1340' FEL			11. County or Parish, State Lea County, NM				
12. CHECK APPR	ROPRIATE BOX(ES) TO	INDICATE NATI	JRE OF NOTIC			_	
TYPE OF SUBMISSION			YPE OF ACTION			_	
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Start/	Resume)	Water Shut-Off Well Integrity		
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other Set surface &		
	Change Plans	Plug and Abandon	Temporarily Aban	don	intermediate casing	_	
Final Abandonment Notice	Plug Back	Water Disposal			_		
Bentonite + 2% ppg, 1.34 yld). 11-15-05 Tested casing to Reached TD of 1 sx Interfill C + 0 1.33 yld). Circul 11-22-05 Tested casing to	ions. If the operation results in a munment Notices shall be filed only after spection.) I hole. B" 48# H-40 STC casing CaCl + 0.25# Flocele (1 Circulated 122 sx to reseled 1000 psi for 30 minutes 12-1/4" hole. Ran 91 jts 1.25# Flocele (11.9 ppg, 1.3 ated 245 sx to surface. 1000 psi for 30 minutes	tiple completion or recomper all requirements, includir to 432'. Cemente 3.7 ppg, 1.68 yld) erve pit. WOC 31.9-5/8" 40# K-55 L.2.45 yld) and tail of WOC 33 hrs.	ed with end of 20 and tail of 150 shours.	a Form 3160 4 sen completed, an office of the completed, and the completed, and the completed, and the completed of the compl	shall be filed once and the operator has hium Plus + 4% an Plus + 2% CaCl (14.8 anted with lead of 1000	The state of the s	
 I hereby certify that the foregoing is true and Name (Printed/Typed) 	Title			7.1.7 (.000	Ī		
Natalie Krueger				LES BABYAK			
Signature		Reg Tech		FEI	INVIEW ENGINEED	<u> </u>	
Watali Fru	1gen	2/21/2006		k			
	THIS SPACE FOR	FEDERAL OR STAT	TE OFFICE USE			-	
Approved by	\bigcup		Title		Date	_	
Conditions of Approval, if any, are attached. A certify that the applicant holds legal or equitable which would entitle the applicant to conduct or	ole title to those rights in the subject	arrant or ot lease	Office Office			_	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or

fraudulent statements or representations as to any matter within its jurisdiction.